

from

**Recipient Committee** Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Statement covers period

1/1/2006

CALIFORNIA FORM

For Official Use Only

S

SEE INSTRUCTIONS ON REVERSE	through <u>6/30/2006</u>		MY OF LODI		
State Candidate Election Committee  Recall (Also Complete Part 5)  General Purpose Committee  Sponsored  Small Contributor Committee	mplete Parts 1, 2, 3, and 4.  rimarily Formed Ballot Measure ommittee ) Controlled ) Sponsored Jiso Complete Part 6)  rimarily Formed Candidate/  officeholder Committee Jiso Complete Part 7)	2. Type of Statement:  Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination Capital December 1)  Amendment (Explain be	ř	Quarterly Sta     Special Odd-     Supplementa     Statement - A	Year Report
3. Committee information	. NUMBER 267765	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER			
Committee to Elect Bob Johnson		Bruce Sasaki		······································	
		MAILING ADDRESS 1806 W. Kettleman Land	e, Suite G		
STREET ADDRESS (NO P.O. BOX)	interfolder (1965). A Schlieber der ermen ermen ermen ermen ermen ser process (1964) og speciel (1965) og ste	CITY	STATE	ZIP CODE	AREA CODE/PHONE
1311 Midvale Road		Lodi	<u>GA</u>	95242	209-369-3548
CITY STATE ZIP CO		NAME OF ASSISTANT TREASUR	ER, IF ANY		
Lodi CA 95240					
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	OX	MAILING ADDRESS			
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRI	ESS		

Date of election if applicable

(Month, Day, Year)

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on	By Signature of Treasurer or Assistant Treasurer
Executed on	By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on	BySignature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on	BySignature of Controlling Officeholder, Candidate, State Measure Proponent

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	Santania waka waka waka waka waka waka waka wa		!	NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PRO	OPONENT		
Related Committees Not Included in this not included in this statement that are controlled by y contributions or make expenditures on behalf of your	ou or are primarily for	,	·	OFFICE SOUGHT OR HELD			DISTRICT NO	). IF ANY
COMMITTEE NAME	I.D. NUMBER	Self-desiration representations are a service and a servic	•		Mi heritatianianian of Language and American and American and American and American and American and American	**************************************		
N/A								
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NAME OF TREASURER	1	NO		officeholder(s) or candidate(s	) for which this	committee is	primarily for	rmed.
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## **Campaign Disclosure Statement** Summary Page

Type or print in ink. Amounts may be rounded to whole dollars.

SUMMARY PAGE CALIFORNIA FORM Statement covers period 1/1/2006 from 16 6/30/2006 Page \_ through

SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER 1267765 Committee to Elect Bob Johnson

Contributions Received  1. Monetary Contributions	\$	0		Column B CALENDAR YEAR TOTAL TO DATE  0 0 0 0	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections  1/1 through 6/30 7/1 to Date  20. Contributions Received \$ \$
4. Nonmonetary Contributions			\$	0	21. Expenditures  Made \$ \$
Expenditures Made  6. Payments Made Schedule E, Line 4  7. Loans Made Schedule H, Line 3  8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7  9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3  10. Nonmonetary Adjustment Schedule C, Line 3  11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	0 172.40 0 0		172.40 0 172.40 0 0 172.40	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (if Subject to Voluntary Expenditure Limit)  Date of Election Total to Date (mm/dd/yy)  \$
Current Cash Statement  12. Beginning Cash Balance Previous Summary Page, Line 16  13. Cash Receipts Column A, Line 3 above  14. Miscellaneous Increases to Cash Schedule I, Line 4  15. Cash Payments Column A, Line 8 above  16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15  If this is a termination statement, Line 16 must be zero.	\$	6,527.26 172.40 6,354.86	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is		*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED	\$ \$	6,354.86	for car	first report being filed this calendar year, only ry over the amounts m Lines 2, 7, and 9 (tf y).	FPPC Form 460 (January FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3)

Schedule Monetary	A Contributions Received	Amount	e or print in ink. ts may be rounded whole dollars,	Statement	t covers period 1/1/2006		california 460		
SEE INSTRUCTIO	ONS ON REVERSE			through	6/30/2006	Page	e4 of16		
NAME OF FILER	e to Elect Bob Johnson	PRESENCE TO THE STREET PROPERTY OF THE STREET PROPERTY OF THE STREET PROPERTY OF THE STREET PROPERTY OF THE ST		The community of the second of the community of the commu		1.D. A 1267	NUMBER 7765		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED TH PERIOD	HS CALEN	TIVE TO DATE IDAR YEAR 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)		
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			SUBTOTAL	.\$					
Amount re (Include al	A Summary eceived this period – itemized monetary contributions. Ill Schedule A subtotals.)					(othe	dual pient Committee er than PTY or SCC) er (e.g., business entity)		

3. Total monetary contributions received this period.

SCC - Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

PTY - Political Party

Schedule B – Part 1  Loans Received  Type or print in lnk.  Amounts may be rounded to whole dollars.					Statement cov	rers period /2006	CALIFORN FORM	<sup>IA</sup> 460
OFF MOTOMOTIONS ON SEVERSE				mer training and the state of t	through6/3	30/2006	Page 5	of16
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		***************************************	***	-		· · · · · · · · · · · · · · · · · · ·	I.D. NUMBER	
Committee to Elect Bob Johnson							1267765	Land Conserver very
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIO	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
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TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS :	\$	\$	\$	\$		
Schedule B Summary						(Enter (e) on Schedule E, Line	3)	
Loans received this period				\$		···		
(Total Column (b) plus unitemized loans	s of less than \$100.)						†Contributor Code IND – Individual	5
Loans paid or forgiven this period     (Total Column (c) plus loans under \$100 (Include loans paid by a third party that	paid or forgiven.)			\$		-	COM - Recipient C	PTY or SCC) , business entity)
Net change this period. (Subtract Line Enter the net here and on the Summary)	2 from Line 1.)y Page, Column A, Line 2.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	. NET \$	(May be a negative number)		SCC – Small Contr	
*Amounts forgiven or paid by another party also	nust be reported on Schedule A.	1						

\*\* If required.

SCHEDULE B - PART 1

Schedule B – Part 2 Loan Guarantors

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE B - PART 2

NAME OF FILER Committee to Elect Bob Johnson BALANCE IF AN INDIVIDUAL, ENTER THUCHA FULL NAME, STREET ADDRESS AND CUMULATIVE **OUTSTANDING** CONTRIBUTOR OCCUPATION AND EMPLOYER GUARANTEED LOAN ZIP CODE OF GUARANTOR TO DATE (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) TO DATE CODE THIS PERIOD (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CALENDAR YEAR LENDER COM PER ELECTION □отн DATE (IF REQUIRED) PTY □SCC CALENDAR YEAR LENDER TIND ПСОМ PERELECTION □отн DATE (IF REQUIRED) □ PTY SCC CALENDAR YEAR LENDER COM PERELECTION ПОТН (IF REQUIRED) DATE □ PTY □SCC CALENDAR YEAR LENDER □ IND COM PERELECTION □ OTH DATE (IF REQUIRED) PTY SCC Enter on Summary Page, Line 17 only. SUBTOTAL \$

Schedule Nonmone	C tary Contributions Received		Type or print in ink. Amounts may be rounded to whole dollars.		Statement covers period from 1/1/2006		california 460			
APP (1) APP) (APP)	MIO ON DEVEROR				thre	ough 6/30/20	006	Page_	7 of	16
NAME OF FILER	INS ON REVERSE				<u> </u>			I.D. NUM	BER	
Committee	to Elect Bob Johnson							12677	65	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELFEMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SER		AMOUNT/ FAIR MARKET VALUE	CALENE	ATIVE TO ATE DAR YEAR - DEC 31)	T(	ELECTION DATE EQUIRED)
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		□IND □COM □OTH □PTY □SCC							American description of the control	
		□IND □COM □OTH □PTY □SCC								
Attach addi	itional information on appropriately lab	eled continuat	ion sheets.	SUBT	OTAL	\$				
1. Amount re	C Summary eceived this period – itemized nonmonetal	ry contributions	S.		\$.		INI	ontributor C O – Individu OM – Recipi	al	
Amount re     Total nonr	eceived this period – unitemized nonmone monetary contributions received this period s 1 and 2. Enter here and on the Summar	tary contributio	ons of less than \$100		\$.		PT SC		(e.g., busii Il Party	ness entity)

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) .......... TOTAL \$. 2. Unitemized contributions and independent expenditures made this period of under \$100 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) Schedule D Summary \$ JATOTBUS esoddo 🔲 hodqu2 [ Expenditure Juepuedepul [ nottudintnoO Monmonetary Contribution Monetary esoddo [] moddus [ **Expenditure** Independent Contribution Monmonetary Contribution ☐ Monetary esoddo 🔲 hodque 🗌 Expenditure Independent Contribution ☐ Nonmonetary Contribution ☐ Monetary OR COMMITTEE (IF REQUIRED) (1AN. 1 - DEC. 31) PERIOD (IF REQUIRED) MEASURE NUMBER OR LETTER AND JURISDICTION, **BTACLOT** CALENDAR YEAR SIHT TNUOMA **BTAC** TVPE OF PAYMENT DESCRIPTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR CUMULATIVE TO DATE PER ELECTION 1267765 Committee to Elect Bob Johnson I.D. NUMBER **HEALTH TO SMAN** SEE INSTRUCTIONS ON REVERSE Page through 91 9/30/5006 Candidates, Measures and Committees from MHOH 1/1/5006 to whole dollars. Supporting/Opposing Other Amounts may be rounded CALIFORNIA Statement covers period Summary of Expenditures Type or print in ink. SCHEDNIED G alubada?

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

FPPC Form 460 (January/05)

Schedule D (Continuation Sheet) Type or print in ink. SCHEDULE D (CONT.) **Summary of Expenditures** Amounts may be rounded Statement covers period CALIFORNIA to whole dollars. Supporting/Opposing Other FORM 1/1/2006 from **Candidates. Measures and Committees** 6/30/2006 through NAME OF FILER I.D. NUMBER Committee to Elect Bob Johnson 1267765 CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION DATE TYPE OF PAYMENT AMOUNT THIS CALENDAR YEAR TO DATE MEASURE NUMBER OR LETTER AND JURISDICTION. (IF REQUIRED) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OR COMMITTEE ☐ Monetary Contribution Nonmonetary Contribution Independent Expenditure ☐ Support ☐ Oppose ☐ Monetary Contribution Nonmonetary Contribution Independent Expenditure ☐ Support Oppose Monetary Contribution ☐ Nonmonetary Contribution independent Expenditure ☐ Support Oppose ☐ Monetary Contribution Nonmonetary Contribution Independent Expenditure ☐ Support ☐ Oppose SUBTOTAL \$

Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.				1/1/2006	CALIF( FO)	ORNIA RM	460
SEE INSTRUCTIONS ON REVERSE				throug	h6/30/2006	Page		16
NAME OF FILER  Committee to Elect Bob Johnson						1.D. NUN 126776		
					A1			
CODES: If one of the following codes accurately describe  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member com MTG meetings an OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, del	munications d appearance ises lating survey resear ivery and mes	s	RAD ta RFD re SAL ca TEL to TRC ca TRS st TSF to VOT vo	cribe the payment. dio airtime and production turned contributions impaign workers' salaries it or cable airtime and proundidate travel, lodging, araff/spouse travel, lodging, ansfer between committee other registration formation technology cost	duction cost and meals and meals as of the sar	me candida	ate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE C	)R	DESCRIPTION C	F PAYMENT		AMOU	INT PAID
Brodie Jayne's Photography 14 S. School Street Lodi, CA 95240		CMP						172.40
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								AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
* Payments that are contributions or independent expenditures	must also be summ	arized on S	chedule D.		S	UBTOTALS		172.40
Schedule E Summary			And the late of the party of th			<u>and and an annual sector of the sector of t</u>		A
1. Itemized payments made this period. (Include all Schedule	E subtotals.)		************	**********		\$	1	172.40
2. Unitemized payments made this period of under \$100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			******************	*********************	\$		
3. Total interest paid this period on loans. (Enter amount from								
4. Total payments made this period. (Add Lines 1, 2, and 3. E	Enter here and on t	he Summai	y Page, Colun	nn A, Line 6.)	τα	TAL \$_		172.40

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Schedule E Continuation Sheet)	Type or print in ink. Amounts may be rounded	Statem	CALIFORNIA 460	
Payments Made	to whole dollars.	from	1/1/2006	FORM TYV
EE INSTRUCTIONS ON REVERSE		through_	6/30/2006	Page 11 of 16
AME OF FILER			<u> </u>	I.D. NUMBER
Committee to Elect Bob Johnson				1267765
CODES: If one of the following codes accur	rately describes the payment, you may enter the code.	Otherwise, des	cribe the paymen	T.
NP campaign paraphernalia/misc.	MBR member communications	RAD radio	o airtime and producti	on costs

CNS campaign consultants MTG meetings and appearances RFD returned contributions contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries TEL t.v. or cable airlime and production costs CVC civic donations PET petition circulating TRC candidate travel, lodging, and meals candidate filing/ballot fees PHO phone banks FIL TRS staff/spouse travel, lodging, and meals fundraising events POL polling and survey research FND POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)\* ND VOT voter registration PRO professional services (legal, accounting) legal defense LEG WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER) OR **DESCRIPTION OF PAYMENT** AMOUNT PAID CODE

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SCHEDULEF

Type or print in ink.

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Amounts may be rounded from the dollars.

Type or print in ink.

Statement covers period

1/1/2006

FORM

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1 1 2 1 6

Schedule F Accrued Expenses (Unpaid Bills)

		Ĭ.	er the difference here and	3. Net change this period. (Subtract Line 2 from Line 1. Ent
TOTALS \$				2. Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized p
\$ \$JATOT	исликер		•	1. Total accrued expenses incurred this period. (Include all Sa accrued expenses of \$100 or more, plus total unitemized a
				Schedule F Summary
\$	\$	\$	\$ SJATOTBUS	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
OUNT PAID OUTSTANDING 15 PERIOD BALANCE AT CLOSE REPORT ON E) OF THIS PERIOD	HT GOIR34 SIHT	OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	THEMYAR TO HOTTHROUGH	NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER 1.D. NUMBER)
(c) (d)	VOT voter registration WEB information technology (b)	egal, accounting)	POS postage, delivery and right print ads PRT print ads PRT print ads	MD independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign literature and mailings
h' and meels broduction costs rues	RAD radio airtime and productions of the productions of the production of the payring and the payring at the pa	\$ <del>9</del> 01 \$	The payment, you may poling and survey reserved.  MER member communication OFC office expenses  PET petition circulating PHO phone banks	CODES: If one of the following codes accurately describe CVP campaign consultants CVC civic donations CVC civic donations CVC civic donations FIL candidate filling/ballot fees FIL candidate filling/ballot fees FIL candidate filling/ballot fees
1267765	Consistent interference and communication of the construction of t	33.		Committee to Elect Bob Johnson
A38MVN .Q.1				NAME OF FILER
12 of 16	6/30/2006			SEE INSTRUCTIONS ON REVERSE

on the Summary Page, Column A, Line 9.)

Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded to whole dollars.

 through
 6/30/2006
 Page
 13
 of
 16

 NAME OF FILER
 Committee to Elect Bob Johnson

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment, CMP campaign paraphemalia/misc. RAD radio airlime and production costs MBR member communications CNS campaign consultants MTG meetings and appearances RFD returned contributions SAL campaign workers' salaries CTB contribution (explain nonmonetary)\* OFC office expenses CVC civic donations PET petition circulating TEL t.y. or cable airtime and production costs candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor ND PRO professional services (legal, accounting) VOT voter registration LEG legal defense PRT print ads WEB information technology costs (internet, e-mail) campaign literature and mailings LIT

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD		
SUBTOTALS \$ \$ \$							

Schedule G	Type or print in ink. Amounts may be rounded to whole dollars.			garte transmission and a fine			SCHEDULE G	
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)				E .	Statement covers period 1/1/2006		california 460	
				thro	ugh	6/30/2006	Page 14	1 of 16
SEE INSTRUCTIONS ON REVERSE NAME OF FILER							I.D. NUMBER	₹
Committee to Elect Bob Johnson							1267765	
NAME OF AGENT OR INDEPENDENT CONTRACTOR							and the second s	
CODES: If one of the following codes accurately describe	es the payment,	you may	enter the code	. Otherwise	, descr	ibe the paymer	nt.	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign literature and mailings  * Payments that are contributions or independent expenditures must also	MTG meetings a OFC office experience PET petition circ PHO phone bank POL polling and POS postage, de PRO professione PRT print ads	culating ks survey resect elivery and mail services (le	erch lessenger service egal, accounting)	RFD SAL TEL TRC TRS TSF VOT	returned campaig t.v. or ca candidate staff/spo transfer voter res		s aduction costs and meals , and meals es of the same	candidate/sponsor ail)
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR .	DESCRIPTION	OF PAYM	ENT		AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

								SCHEDULE H
Schedule H		Type or print in ink. Amounts may be rounded to whole dollars.			Statement cov	•	california 460 form	
Loans Made to Others*	from1/1/				2006			
			Library and a second	6/3	0/2006	Page 15	of16	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					through	and the second s	I.D. NUMBER	VI
Committee to Elect Bob Johnson							1267765	
Communico to Lice Day Johnson								
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(A) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT O FORGIVENESS THIS PERIOD	CLOSE OF THIS	(e) INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE LOANS TO DATE
				☐ PAID		**	A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-	CALENDAR YEAR
	No regular control of the control of	To the continue of the continu	**************************************	\$FORGIVEN	. \$	RATE	\$	\$PER ELECTION**
		\$ \	\$	3	DATE DUE	***	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				\$ FORGIVEN	. \$	RATE.	\$	\$PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
*Loans that are contributions to another candid								
must also be summarized on Schedule D. Loar also be reported on Schedule E.	s forgiven must	SUBTOTALS	\$	\$	\$	\$		
						(Enter (e) on Schedule I, Line 3)		
Schedule H Summary								
Loans made this period  (Total Column (b) plus unitemized loans			**********	*	,\$			**If Required
Payments received on loans (Total Column (c) plus unitemized paym		***************************************	******************	*****************	\$			
Net change this period. (Subtract Line (Enter the net here and on the Summa)	2 from Line 1.)ry Page, Column A, Line 7.)	,		*********	<b>NET</b> \$	y be a negative number	7	

Schedule I Miscellaneous Increases to Cash		Amounts	r print in ink. may be rounded iole dollars.	Statement covers period  from 1/1/2006  through 6/30/2006		CALIFORNIA 460 FORM Page 16 of 16	
SEE INSTRUCTIONS ON REVER	₹SE				**************************************	I.D. NUMBER	
Committee to Elect Bo	ob Johnson					1267765	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		DESCRIPTION OF RECEIPT		AMOUNT OF INCREASE TO CASH		
						жение объектичний поставляющий поставляющий поставляющий поставляющий поставляющий поставляющий поставляющий п Ставляющий поставляющий поста	
						AND THE PROPERTY OF THE PROPER	
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				enterview of the Philipping and a service of the Philipping			
			- Control of the Cont				
Attach additional info	rmation on appropriately labeled continuation sheets.	organization and the second se			SUBTOTA	L \$	
Schedule I Summ	ary						
	to cash this period.	************	************************		.\$		
	ses to cash of under \$100 this period						
3. Total of all interest	received this period on loans made to others. (Sch	edule H, Colu	ımn (e).)	************	.\$	manurarit.	
4. Total miscellaneou	s increases to cash this period. (Add Lines 1, 2, a ne 14.)	nd 3. Enter h	ere and on the			-	